

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL King for Congress			
ADDRESS (number and street) 116 N Main St. PO Box 400			
CITY, STATE, and ZIP CODE Early IA 50535			
2. NAME OF CANDIDATE Mr. Steve King	3. OFFICE SOUGHT (State and District) House IA 04		4. FEC IDENTIFICATION NUMBER C00373563
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Dr. Michael C. Genoff 561 Prairie Passage North Sioux City SD 57049-5137		Name of Employer CNOS Transaction ID : 628A81B1D6F0640EF Occupation doctor	Date (month, day, year) 06/02/2012 Amount 2500.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Charese Yanney 3435 Pawnee Place Sioux City IA 51104-1828		Name of Employer Guarantee Roofing Transaction ID : 69568AE5ABA434E1 Occupation Partner/Sales	Date (month, day, year) 06/02/2012 Amount 1500.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Donald L. Decker PO Box 15 2244 Lakewood Trail Fort Dodge IA 50501-0015		Name of Employer Decker Truck Line, Inc. Transaction ID : 6122EE7B057294A61 Occupation Owner	Date (month, day, year) 06/02/2012 Amount 1000.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Michael Richards 5465 Mills Civic Parkway Suite 400 West Des Moines IA 50266-5321		Name of Employer Kirke Financial Services, L.L.C. Transaction ID : 6FF4EAD11059E427E Occupation Consultant	Date (month, day, year) 06/02/2012 Amount 2000.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Claudia Springer 2326 W 15th St. S Newton IA 50208-5359		Name of Employer Retired Transaction ID : 69EB45988576E413C Occupation Retired	Date (month, day, year) 06/02/2012 Amount 1000.00
SIGNATURE (optional) Craig Williams [Electronically Filed]		DATE 06/03/2012	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100

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Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

FEC FORM 6
(Revised 07/2011)

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE Quentin J. Durward 702 E Sawgrass Trl. North Sioux City SD 57049-5113		Name of Employer CNOS Transaction ID : 603DCFE97017E4F8C852 Occupation doctor		Date (month, day, year) 06/02/2012 Amount 2500.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer Occupation		Date (month, day, year) Amount
C. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer Occupation		Date (month, day, year) Amount
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continuation page

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